

856

## STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

## 1 PLACE OF DEATH

County Mohave State Arizona Registered No. 3349  
 Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Valentine No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give the NAME instead of street and number)

2 FULL NAME Benjamin D. Henschberger

(a) Residence. No. Valentine St. \_\_\_\_\_ W. \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth yrs. mos. ds.  
 (If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a If married, widowed, or divorced  
 HUSBAND of Nellie G. Henschberger  
 (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 18 1862

7 AGE Years 73 Months 8 Days 19 If LESS than 1 day, hrs. or min.

## 8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work mercantile  
 (b) General nature of industry, business, or establishment in which employed (or employer) stone work  
 (c) Name of employer

9 BIRTHPLACE (city or town) near Stanton  
 (State or country) Virginia

10 NAME OF FATHER Joseph Henschberger

11 BIRTHPLACE OF FATHER (city or town) Hamber  
 (State or country) Virginia

12 MAIDEN NAME OF MOTHER Wood

13 BIRTHPLACE OF MOTHER (city or town) Stanton  
 (State or country) Virginia

14 Informant Nellie G. Henschberger  
 (Address) Valentine, Arizona

15 Filed Dec. 21, 1935  
 REGISTRAR Walter H. Henschberger

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-20 1935

17 I HEREBY CERTIFY, That I attended deceased from Sept 21, 1938, to Dec 20, 1935  
 that I last saw him alive on Dec 20, 1935  
 and that death occurred, on the date stated above, at 11:20 P. m.  
 The CAUSE OF DEATH\* was as follows:

Cerebral Hemorrhage

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY (SECONDARY) Cystitis

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted  
 If not at place of death?

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) H. T. Hyden, M. D.  
 , 19 (Address) Valentine, Arizona

\* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Hackberry DATE OF BURIAL 12-23 1935  
Payton Martin ADDRESS \_\_\_\_\_  
Virginian Ariz.

N. B.—WRITE FAIRLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.